



JENNIFER KENT  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

December 14, 2018

Sent via e-mail to: [katy.eckert@edcgov.us](mailto:katy.eckert@edcgov.us)

Katy Eckert, Assistant Director  
El Dorado County Health and Human Services Agency  
768 Pleasant Valley Rd  
Diamond Springs, CA 95619

SUBJECT: Annual County Performance Unit Report

Dear Assistant Director Eckert:

The Department of Health Care Services (DHCS) is responsible for monitoring compliance to requirements of the Substance Abuse Block Grant (SABG) and the terms of the State Plan Drug Medi-Cal (DMC) Contract operated by El Dorado County.

The County Performance Unit (CPU) within the Substance Use Disorder Program, Policy, and Fiscal Division (SUDPPFD) of DHCS conducted a review of the County's compliance with contract requirements based on responses to the monitoring instrument, discussion with county staff, and supporting documentation provided by the County.

Enclosed are the results of El Dorado County's 2018-19 SABG and State Plan DMC Contract compliance review. The report identifies deficiencies, required corrective actions, advisory recommendations, and referrals for technical assistance.

El Dorado County is required to submit a Corrective Action Plan (CAP) addressing each deficiency noted to [Jamari.Robinson@dhcs.ca.gov](mailto:Jamari.Robinson@dhcs.ca.gov) by 1/14/2019. Please follow the enclosed instructions when completing the CAP. Supporting CAP documentation may be e-mailed to the CPU analyst or mailed to the address listed below.

If you have any questions regarding this report or need assistance, please contact me.

Sincerely,

Karen Sanchez  
(916) 713-8928  
[karen.sanchez@dhcs.ca.gov](mailto:karen.sanchez@dhcs.ca.gov)

Substance Use Disorder  
Program, Policy and Fiscal Division  
County Performance Unit  
P.O. Box 997413, MS 2627  
Sacramento, CA 95814  
<http://www.dhcs.ca.gov>

Distribution:

To: Assistant Director Eckert

CC: Tracie Walker, Performance & Integrity Branch, Chief  
Janet Rudnick, Utilization Review, Section Chief  
Cynthia Hudgins, Quality Monitoring, Section Chief  
Susan Jones, County Performance, Supervisor  
Tianna Hammock, Drug Medi-Cal Monitoring Unit I, Supervisor  
Stephanie Quok, Drug Medi-Cal Monitoring Unit II, Supervisor  
Tiffany Stover, Postservice Postpayment Unit I, Supervisor  
Eric Painter, Postservice Postpayment Unit II, Supervisor  
Vanessa Machado, Policy and Prevention Branch, Office Technician  
Salina Drennan, SUDS Program Administrator/Manager, El Dorado County

<b>Lead CPU Analyst:</b> Karen Sanchez	<b>Date of Review:</b> 11/6/2018
<b>Assisting CPU Analyst(s):</b> Jennifer Johnson	
<b>County:</b> El Dorado	<b>County Address:</b> 768 Pleasant Valley Rd, Diamond Springs, CA 95619
<b>County Contact Name/Title:</b> Salina Drennan	<b>County Phone Number/Email:</b> (530) 621-6290
<b>Report Prepared by:</b> Karen Sanchez	<b>Report Approved by:</b> Susan Jones

## REVIEW SCOPE

- I. Regulations:
  - a. 22 CCR § 51341.1 – Drug Medi-Cal Substance Use Disorder Services
  - b. 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant
  - c. 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block
  - d. HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care
  
- II. Program Requirements:
  - a. State Fiscal Year (SFY) 2018-19 State County Contract, herein referred to as State County Contract
  - b. State of California *Youth Treatment Guidelines Revised August 2002*
  - c. DHCS *Perinatal Services Network Guidelines SFY 2016-17*
  - d. National Culturally and Linguistically Appropriate Services (CLAS)
  - e. Mental Health and Substance Use Disorders Services (MHSUDS) Information Notices

## ENTRANCE AND EXIT CONFERENCE SUMMARIES

### Entrance Conference:

An entrance conference was conducted at 768 Pleasant Valley Rd, Diamond Springs, CA 95619 on 11/6/2018. The following individuals were present:

- Representing DHCS:  
Karen Sanchez, AGPA  
Jennifer Johnson, AGPA  
Brian Royal, AGPA
  
- Representing El Dorado County:  
Kimberly Mc Adams, Fiscal Program Manager  
Yvonne Kollings, Chief Fiscal Officer  
Salina Drennan, SUD Administrator  
Shaun O'Malley, SUD QA Supervisor

During the Entrance Conference the following topics were discussed:

- Introductions
- County provided an overview of the County and the services available
- DHCS provided an overview of the review

### Exit Conference:

An exit conference was conducted at 768 Pleasant Valley Rd, Diamond Springs, CA 95619 on 11/6/2018. The following individuals were present:

- Representing DHCS:  
Karen Sanchez, AGPA  
Jennifer Johnson, AGPA  
Brian Royal, AGPA
  
- Representing El Dorado County:  
Kimberly Mc Adams, Fiscal Program Manager  
Yvonne Kollings, Chief Fiscal Officer  
Salina Drennan, SUD Administrator  
Shaun O'Malley, SUD QA Supervisor

During the Exit Conference the following topics were discussed:

- Reviewed all follow-up items for both the County and DHCS
- DHCS outlined the next steps and when the County should expect their final report

**SUMMARY OF SFY 2018-19 COMPLIANCE DEFICIENCIES (CD)**

<b>Section:</b>	<b>Number of CD's:</b>
<b>1.0 Administration</b>	<b>0</b>
<b>2.0 SABG Monitoring</b>	<b>1</b>
<b>3.0 Perinatal</b>	<b>0</b>
<b>4.0 Adolescent/Youth Treatment</b>	<b>3</b>
<b>5.0 Primary Prevention</b>	<b>0</b>
<b>6.0 Cultural Competence</b>	<b>0</b>
<b>7.0 CalOMS and DATAR</b>	<b>0</b>
<b>8.0 Privacy and Information Security</b>	<b>0</b>
<b>9.0 Drug Medi-Cal (DMC)</b>	<b>4</b>

## CORRECTIVE ACTION PLAN

Pursuant to the State County Contract, Exhibit A, Attachment I A1, Part I, Section 3, 7, (a-d) each compliance deficiency (CD) identified must be addressed via a Corrective Action Plan (CAP). The CAP is due within thirty (30) calendar days of the date of this monitoring report. Advisory recommendations are not required to be addressed in the CAP.

Please provide the following within the completed 2018-19 CAP.

- a) A statement of the compliance deficiency (CD).
- b) A list of action steps to be taken to correct the CD.
- c) A date of completion for each CD.
- d) Who will be responsible for correction and ongoing compliance.

The CPU analyst will monitor progress of the CAP completion.

## 2.0 SABG MONITORING

The following deficiencies in the SABG monitoring requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 2.9:**

*SABG State-County Contract Exhibit A, Attachment I A1, Part I, Section 3, A, 1, (e) Contractor's performance under this Exhibit A, Attachment I, Part I, shall be monitored by DHCS during the term of this Contract. Monitoring criteria shall include, but not be limited to:*

*e) Whether the Contractor conducted annual onsite monitoring reviews of services and subcontracted services for programmatic and fiscal requirements. Contractor shall submit copy of its monitoring and audit reports to DHCS within two weeks of issuance. Reports shall be sent by secure, encrypted email to:*

*SUDCountyReports@dhcs.ca.gov or Substance Use Disorder-Program, Policy, and Fiscal Division*

*Performance Management Branch*

*Department of Health Care Services*

*PO Box 997413, MS-2627*

*Sacramento, CA 95899-7413*

**Finding:** The County did not monitor 3 of 5 County providers for all SABG fiscal requirements.



## 4.0 ADOLESCENT/YOUTH TREATMENT (AYT)

The following deficiencies in Adolescent/Youth Treatment regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 4.21:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part II, Q  
*Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.*

Document 1V –Youth Treatment Guidelines. Youth Treatment Guidelines 2002, Section V, H, 1-2

1. *Programs should integrate a youth development philosophy as the foundation of treatment for youth. Youth development approaches include the following:*
  - a. *assessment and treatment planning processes that are strength based rather than deficit-based;*
  - b. *uncovering what is unique about the youth and building on his/her individual abilities and strengths;*
  - c. *frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth; and,*
  - d. *encouragement and assistance in developing multiple supportive relationships with responsible, caring adults.*
2. *Programs should provide or arrange for opportunities for youth to:*
  - a. *advise and made decisions related to program policies and procedures that impact them;*
  - b. *plan, organize, and lead program activities and projects;*
  - c. *develop social skills and decision-making abilities;*
  - d. *learn values and marketable skills for adulthood; and,*
  - e. *contribute to their community and serve others.*

**Finding:** The County did not demonstrate how subcontracted providers integrate a youth development philosophy using the following approaches:

- Assessment and treatment planning processes that are strength-based
- Uncovering what is unique about the youth and building on his/her individual abilities and strengths
- Frequent expressions of support and consistent, clear and appropriate messages about what is expected of the youth
- Encouragement and assistance in developing multiple supportive relationships with responsible, caring adults

**CD 4.22:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part II, Q  
*Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.*

Document 1V –Youth Treatment Guidelines. Youth Treatment Guidelines 2002, Section V, I, 1-2

*Research has found that effective treatment for youth almost always involves the family, and the effectiveness of family therapy has been documented extensively, especially among those youth who are normally the most difficult to treat. Therefore, whenever possible, parents/caregivers should participate in all phases of their child's treatment. However, it makes no ethical or legal sense to insist on the involvement of estranged parents in decision-making regarding their child's treatment. Instead, the program should create new opportunities for youth to develop supportive relationships with appropriate adults who will remain involved in their lives, both during treatment and recovery, and beyond.*

1. *Programs should make efforts to:*

- a. *identify family dynamics, engage and include the family in the youth's treatment as early as possible (as part of the intake and assessment process), if clinically appropriate and specified in the treatment plan; and,*
- b. *provide individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan.*

2. *The program should assist the youth in developing a support system to help reinforce behavioral gains made during treatment, and provide ongoing support to prevent relapse.*

**Finding:** The County did not demonstrate how the County or its subcontractors include family in the youth's treatment, when appropriate.

**CD 4.23:**

SABG State-County Contract, Exhibit A, Attachment I A1, Part II, Q  
*Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.*

Document 1V –Youth Treatment Guidelines. Youth Treatment Guidelines 2002, Section V, F Treatment Planning. 4. Services and therapeutic approaches identified in the treatment plan should reflect the youth's gender, and chronological, emotional, and psychological age.

Document 1V –Youth Treatment Guidelines. Youth Treatment Guidelines 2002, Section V, E

*Placement. Take into consideration the age, developmental stage, gender, culture, and behavioral, emotional, sexual or criminal problems of the youth and existing clientele, to ensure that the youth and other clients would not be adversely impacted by their interaction.*

**Finding:** The County did not demonstrate how the County or its subcontractors ensure that individual treatment plans are reflective of the beneficiaries' gender.

## 9.0 DRUG MEDI-CAL

The following DMC deficiencies in regulations, standards, or protocol requirements were identified:

### COMPLIANCE DEFICIENCIES:

#### **CD 9.54:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a  
*Training*

- a) *Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.*

**Finding:** The County did not provide evidence of Title 22 training annually to County staff.

#### **CD 9.56:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 4, A, 3, a  
*Training*

- b) *Contractor shall ensure subcontractors receive training on the requirements of Title 22 regulations and DMC program requirements at least annually from either DHCS's SUD Program, Policy and Fiscal Division (SUD PPF) or the Contractor. Documented attendance of annual trainings offered by DHCS shall suffice to meet the requirements of this provision. Contractor shall report compliance to DHCS' e-mail address SUDCOUNTYREPORTS@dhcs.ca.gov annually as part of the DHCS Contractor monitoring process.*

**Finding:** The County did not report annual Title 22 training compliance to sudcountyreports@dhcs.ca.gov.

#### **CD 9.61:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 2, B, 2  
*Covered services, whether provided directly by the Contractor or through subcontractors with DMC certified and enrolled programs, shall be provided to beneficiaries without regard to the beneficiaries' county of residence.*

**Finding:** The County does not provide services to beneficiaries who reside out of county.

#### **CD 9.65:**

State Plan DMC Contract, Exhibit A, Attachment I A1, Part I, Section 1, B  
*It is further agreed this Contract is controlled by applicable provisions of: (a) the W&I Code, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1,*

*51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).*

§ 51341.1 (b) (28) (i) (f) (ii)

*...The substance use disorder medical director's responsibilities shall at a minimum include all of the following:*

- (a) Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.*
- (b) Ensure that physicians do not delegate their duties to non-physician personnel.*
- (c) Develop and implement medical policies and standards for the provider.*
- (d) Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards...*

**Finding:** The County did not provide evidence that all DMC programs have medical policies and standards developed and approved by the program medical director.

## 10.0 TECHNICAL ASSISTANCE

DHCS's County Performance Analyst will make referrals for the training and/or technical assistance identified below.

**Drug Medi-Cal:** The County requested TA for DMC. DHCS's Drug Medi-Cal Unit and/or the California Institute for Behavioral Health Solutions have been contacted and a referral has been made.

**Co-occurring Disorders (COD):** The County requested TA for COD. The County's CPU Analyst will provide available assistance on COD.